PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

09/908727

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR		R T HAN ENTITY	
TOTAL CLAIMS			1				ſ	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER ÉXTRA			BASIC FEE	\$375	OR	BASIC FEE	\$750
TOTAL CHARGEABLE CLAIMS			minus 20≃		*			X\$ 9=		OR	X\$18≃	
INDEPENDENT CLAIMS			minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PE			RESENT					+140=		OR	+280=	
* [f the difference	e in column 1 is	less than z	zero, enter	"0" in o	column 2	L	TOTAL		OR	TOTAL	
	C	CLAIMS AS A	MENDE	D - PAR' (Colum		(Column 3)		SMALL	ENTITY	OR.	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID E	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	A DDI- TIONAL FEE
NON	Total	· 142	Minus	//	7	=24		X\$ 9=		OR	X\$18=	43200
AME	Independent	+ 24: ENTATION OF MI	Minus	PENDENT	CLAIM	=		X42=		OR	×84=	
	THOTTREGG	EN PACIFIC CALL AND	ottin ee oe	T CIVOZIVI	00 (111)			+140=		OR	+280=	j
							н АГ	TOTAL DIT FEE		OR,	JATOT HBH TIDDA	
		(Column 1)		(Colum		(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total	*	Minus	**		=	} }	X\$ 9=		OR	X\$18≂	1
ME	Independent	*	Minus	***		= '		X42=		OR	X84=	
_	FIRST PRESE	NTATION OF MU	ILȚIPLE DEI	PENDENT	CLAIM		-	140			+280=	
								+140≈ TOTAL		OR	TOTAL	
							ΑDi	DIT. FEE		OR A	ODIT. FEE	
- 1		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)	_		.55.	r		1551
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FI	JSLY	PRESENT EXTRA	ſ		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
Ž Ž	Total	*	Minus	**		=	· >	⟨\$ 9=	{	OR	X\$18	İ
	Independent	4	Minus	电影电		=		×42≔			X84=	
`	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT (CLAIM					OR		
• 11	the entry in colum	nn 1 is less than the	entry in colu	mn 2. write "(o" in colu	ımp 3	+	140=	(OR _	+280≈	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										TOTAL DDIT. FEE	
ī	he *Highest Numt	ber Previously Paid	For (Total or	Independen	ti is the t	highest number	found i	in the appro	priate box	in colur	nn 1	